

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/965,703
Applicant : Palli *et al.*
Filed : September 26, 2001
Art Unit : 1646
Examiner : Joseph F. Murphy
Docket No. : A01020B
Customer No. : 37978

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APR 20 2005

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR EXTENSION OF TIME

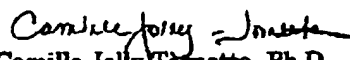
Sir:

Applicants, by their Agent, respectfully request a two (2) month extension of time, from February 24, 2005 to and including April 24, 2005 for filing the Response to Office Action enclosed herein.

This request for extension of time is neither made for the purpose of delay nor for any other improper motive.

The Commissioner is authorized to charge the \$225.00 fee for this extension to Deposit Account No. 502860. Please charge any additional fees due or credit any overpayment to Deposit Account No. 502860.

Respectfully submitted,


Camille Jolly-Tornetta, Ph.D.
Agent for Applicants
Registration No. 48,592
Tel. No. (610) 650-8734

RheoGene, Inc.
2650 Eisenhower Avenue
Norristown, PA 19403
Date: April 20, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09, 965, 703

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	36	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20 =	16
INDEPENDENT CLAIMS	14 minus 3 =	11
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36 = 0
Independent	14	Minus	14 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36 = 0
Independent	14	Minus	14 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36 = 0
Independent	14	Minus	14 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	288
X80=	880
+270=	
TOTAL	1878

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	